

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO  
**09/890709**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		2				
4		2				
5		2				
6		(1)				
7		2				
8	1					
9	1					
10	1					
11	1					
12		(1)				
13		(1)				
14		(1)				
15		(1)				
16		3				
17		(1)				
18		(1)				
19		(1)				
20	1					
21	1					
22	1					
23		1				
24		2				
25		(1)				
26		(1)				
27		(1)				
28		2				
29		2				
30	1					
31						
32						
33						
34						
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44						
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46						
47						
48						
49						
50						
TOTAL IND.	10					
TOTAL DEP.	29					
TOTAL CLAIMS	39					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS